

REQUEST FOR HEARING ON REGISTERED ORDER (MODEL)

TO: RESPONDING CONTACT PERSON
(AGENCY, ADDRESS, PHONE & FAX NUMBERS)

DATE

CASE NUMBER

FROM: (NAME AND ADDRESS OF NONREGISTERING PARTY)

OBLIGOR

OBLIGEE

DATE OF REGISTRATION

I hereby request a hearing on the matter of the registration of a support order, for the following reason(s): (Check all that apply.)

The registering tribunal does not have personal jurisdiction over me.

☐ The issuing tribunal did not have personal jurisdiction over me.

☐ The order was obtained by fraud.

☐ The order has been vacated, suspended, or modified by later order.

The issuing tribunal has stayed its order pending appeal.

The following defense is available under the laws of this State to the remedy sought to enforce the registered order: _____

The arrearage amount stated is wrong, because I have made full or partial payment.

☐ The statute of limitations precludes enforcement of some or all of the arrearage.

☐ Other (explain) _____

DATE

SIGNATURE

SOCIAL SECURITY NUMBER

NAME

TELEPHONE NUMBER

ADDRESS